

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/								51			
2	/								52			
3	/								53			
4	/								54			
5	/								55			
6	/								56			
7	/								57			
8	/								58			
9	/								59			
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12	/								62			
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15	/								65			
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19	/								69			
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39									89			
40									90			
41									91			
42									92			
43									93			
44									94			
45									95			
46									96			
47									97			
48									98			
49									99			
50									100			
TOTAL IND.	2								TOTAL IND.			
TOTAL DEP.	23								TOTAL DEP.			
TOTAL CLAIMS	25								TOTAL CLAIMS			